## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571-273-2885

				or <u>rax</u>	(57	1)-2/3-2003					
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed of	for trans ng the Pa nerwise i	mitting the ISSU atent, advance of in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new of	of n	ON FEE (if requi naintenance fees w pondence address;	red). B rill be r and/or	locks 1 through 5 : nailed to the curren (b) indicating a sep	hould be co correspond arate "FEE".	ompleted where ence address as ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
23552	7590 01/08	/2007						-			
MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (271) 273-2885, on the date indicated below.						
		Frances Essien				(Depositor's name)					
		Frances coour				(Signature)					
	Hébruanz 24			4,3	$\omega_{\pm}$		(Date)				
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	KET NO. CONFIRMATION NO.		
09/437,567	JERRY G. SEAR	SEARE 12344.2USC1 8168									
TITLE OF INVENTION	: METHOD AND SYST	TEM FOI	R GENERATING	G STATISTICALLY-	BASI	ED MEDICAL PR	OVIDE	ER UTILIZATION F	ROFILES		
APPLN, TYPE	SMALL ENTITY IS		UE FEE DUE	PUBLICATION FEE DU		UE PREV. PAID ISSU		E FEE TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO		\$1400	\$0		\$0		\$1400	04/09/2007		
EXAMINER			ART UNIT	CLASS-SUBCLAS	5						
POINVIL,	705-003000	705-003000									
<ol> <li>Change of corresponde CFR 1.363).</li> </ol>	ence address or indication	n of "Fee	e Address" (37			atent front page, lis		Dorse	& Whi	tnev. LLP	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,								
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3							
	ND RESIDENCE DATA										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
					RESIDENCE: (CITY and STATE OR COUNTRY)						
Ingenix, Inc. Eden Prairie, MN											
Please check the appropr	iate assignee category or	categor	ies (will not be pr	rinted on the patent) :		Individual 🖾 Co	orporati	on or other private gr	oup entity	Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)											
Issue Fee Di Publication Fee (N		A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.									
Advance Order - 1	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04−1420 (enclose an extra copy of this form).										
	tus (from status indicate s SMALL ENTITY state			_				TTY status. See 37 C			
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req	uired) w	ill not be accepte	d from anyone other t							
Authorized Signature	Sasia	a	STU	du		Date _	عد	0/07			
Typed or printed nam	Adriana L.	Lued	ke			Registration N	lo	41,956			
This collection of inform an application. Confiden: submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 0 tiality is governed by 35 1 application form to the ons for reducing this but inginia 22313-1450. DO 13-1450.	FR 1.31 U.S.C. USPTC rden, sho NOT S	The information     The information     The information     Time will vary     The information     The information     The information     The information     The information     The information     The information	on is required to obtai 1.14. This collection depending upon the e Chief Information ( COMPLETED FORM	n or r is est indiv Office IS TO	etain a benefit by t imated to take 12 i idual case. Any co er, U.S. Patent and D THIS ADDRESS	he publi minutes mments Tradem S. SENI	ic which is to file (ar to complete, includi s on the amount of t ark Office, U.S. De of TO: Commissioner	d by the USI ng gathering me you requ artment of C for Patents,	PTO to process) , preparing, and pire to complete Commerce, P.O. P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.